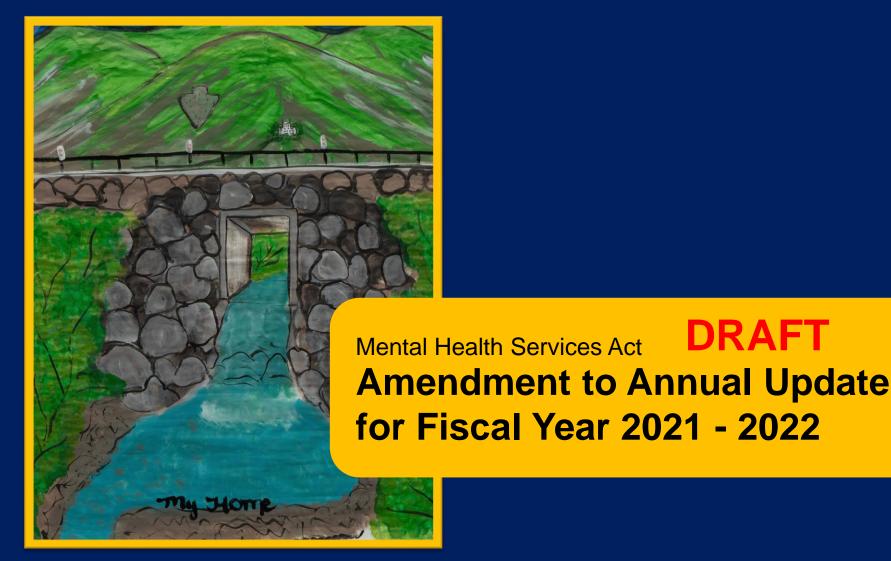


Behavioral Health



Introduction

The Capital Facilities and Technological Needs component must support the goals of the Mental Health Services Act (MHSA) and its services. Funds are used to improve infrastructures supporting behavioral health services. A capital facility is a building that is used to deliver behavioral health services to consumers living with a mental health illness.

Planned needs include purchasing land and the development of a variety of technology uses and community-based facilities that promote efficient implementation of the delivery of MHSA services.

Capital facilities projects support the expansion of crisis services. San Bernardino County residents have benefited tremendously from the four recently developed Crisis Residential Treatment (CRT) facilities and the two Crisis Stabilization Units (CSU).

The Technological Needs portion increases consumer and family empowerment by providing the tools for secure access to health and wellness information.

The long-term impacts provide support to the behavioral health system's movement toward recovery, resiliency, cultural competence and expansion as well as expanded opportunities for accessible community-based services for consumers and their families.

Project Description

The Capital Facilities and Technological Needs component supports behavioral health systems and infrastructure to improve the delivery of services across the County. The Capital Facilities component expands the capacity and access of existing services or the provision of new services by providing buildings for the delivery of behavioral health services.

The Technological Needs component modernizes and transforms clinical and administrative information systems to ensure quality of care, consumer data security and operational efficiency, as well as cost effectiveness.

Technology Services Provided

Through this component, the following is funded and provided to support the implementation, maintenance and improvements of necessary technology.

- Implement, maintain, and improve the Electronic Health Record (EHR) and Billing System.
- Maintain the TeleMed communications network that is strictly used to support telehealth services.
- Support the delivery of services for clinicians onsite and remotely.
- Support the connectivity, security and access to resources for staff working remotely.
- Support all deployments of staff in response to emergency incidents.

Background

Over the last several years, at the Community Policy Advisory Committee (CPAC) meeting hosted by MHSA Administration, stakeholders supported the implementation of an EHR, as well as other improvements in technology. The positive impacts identified included readily accessible data, streamline services, improved communication and coordination of care, reduced duplication of services, cost savings, and increased inter-department collaboration.

Through this support, DBH implemented a Behavioral Health Management Information Systems (BHMIS) that supports secure access and exchange of health information by providers. The BHMIS replaced the Department of Behavioral Health's (DBH) 26-year-old information system and consists of a new integrated BHMIS that incorporates an Electronic Health Record (EHR). The purpose of the integrated EHR is to provide an efficient system to support better information capture, allowing providers to fully document care in a manner that fosters client and family interactions, enables highly functional reporting and data aggregation, as well as enhances coordination of care between internal and external providers.

Additional enhancements are needed to continue to support EHR implementation, which requires an amendment to the Plan.

Amendment to the Plan:

The Capital Facilities and Technological Needs Component of the MHSA Annual Update identified \$3,314,322 in resources and programming to support the EHR solution to provide a fully integrated and certified EHR, and a billing system that meets California's Department of Health Care Services Short Doyle II Billing System requirements. Originally, the solution was packaged as a self-hosted implementation where DBH would purchase the needed infrastructure, hosted by Information Systems Department at the County's Data Center.

The change in the solution will not affect the terms of the solution or the County goals that are being met through the project. With approval, the existing project will be amended to include the following:

Introduction of a cloud platform that will provide the following,

- Create a dedicated network communication pathway between DBH and the hosting location to ensure the confidentiality, integrity and availability of health information.
- Support the ability for Providers to easily and securely connect to the EHR from any location using a standard web browser.
- · Improve and simplifying desktop management to reduce costs and enhance the end user experience.
- Migration of all existing EHR data to ensure a seamless transition to the cloud platform for consumers.

Establish additional environments

- A training environment where new DBH employees will learn how to use the EHR without worrying about "training mistakes" affecting actual patient records.
- A user acceptance environment where staff can test the proposed EHR functionality changes will meet DBH operational needs before system changes affect actual patient records.
- A development environment that will house the programming tools necessary to maintain, modify, and fix the EHR.
- A "safe zone" or sandbox that will function as a testing environment that isolates untested code changes from affecting any other environment.

Transition existing functionality and features to the cloud platform that will provide the following:

- Allow DBH the ability to modify the EHR to support custom DBH workflows.
- Provide a method by which other county departments, contracted services providers, Fee-for-Services providers, and consumers can access appropriate workflows within the EHR.
- Implement a method to scan and save document images in the primary EHR and the user acceptance testing environments.
- Maintain a disaster recovery backup of the EHR to ensure continued support to DBH consumers during emergency incidents.
- Upgraded security where a user must present two forms of identity verification before being allowed access to the EHR and associated environments.

Dollar Amount Proposed to be Transferred:

The amendment to the plan includes a funding increase of approximately \$2,625,314 in MHSA Tech funds, bringing the total budget for the BHMIS project in the Plan to \$5,939,636.

Community Program Planning

The San Bernardino County Department of Behavioral Health (DBH) is dedicated to including diverse consumers and stakeholders from throughout the County in the planning and implementation of Mental Health Services Act (MHSA) programs and services. These efforts include informing stakeholders of fiscal trends, evaluation, monitoring, and program improvement activities, as well as obtaining feedback. DBH has consistently demonstrated commitment to incorporating best practices in our planning processes that allow our stakeholder partners to participate in meaningful discussions around critical behavioral health issues.

To continue to meet the requirements of the MHSA, DBH discussed the need to enhance the EHR and amend the vendor contract to meet the needs of Behavioral Health and the consumers served with stakeholders. The MHSA Coordinator first discussed the increase to the Capital Facilities and Technological Component as part of a discussion and opportunity for stakeholder feedback at the CPAC on September 16, 2021. Subsequently, a variety of opportunities were provided to allow stakeholders the opportunity to participate in discussions concerning the EHR and drive them to the posted amendment to the MHSA Annual Update for FY 2021-2022 (Plan) that is concurrent with the CPP process. DBH staff presented the information about the amended Plan at the following meetings:

Meeting	Date
MHSA Executive Committee	10/6/21
Behavioral Health Commission	10/7/21
Disabilities Awareness Subcommittee	10/14/21
Cultural Competency Advisory Committee	10/21/21
Consumer and Family Members Awareness Subcommittee	10/25/21

30 Day Public Comment and Posting Period

The Amendment to the MHSA Plan will be posted on the department's website for stakeholder review and comment from October 1, 2021 through October 31, 2021 at https://wp.sbcounty.gov/dbh/programs/mhsa/.

Comments/recommendations can be submitted via email to the DBH MHSA email box at MHSA@dbh.sbcounty.gov during the time the draft is posted for public comment.

The Public Hearing to affirm the stakeholder process is proposed to be held at the regularly scheduled Behavioral Health Commission Meeting on November 4, 2021, which will be held virtually from 12:00 p.m. until 2:00 p.m.

Capital Facilities and Technological Needs Amendment 30 Day Posting Public Comment Form Instructions

Please submit your Public Comments by October 30, 2021 to MHSA@dbh.sbcounty.gov.

If you are unable to submit electronically, you may drop off your comment or print and mail the completed Public Comment to:

> MHSA Administration 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415

If you need assistance, please call 1-800-722-9866

Next Steps

Upon completion of the CPP process, a summary of any substantive feedback will be provided in the final version of this amendment.

The approved amendment to the MHSA Plan will be referenced in the Board Agenda Item to increase a contract with the EHR vendor. The amended dollar amount and project description will be reflected in subsequent MHSA Updates, as applicable. For additional questions or concerns, please contact:

> MHSA Administration 1950 S. Sunwest Lane, Ste. 200 San Bernardino, CA 92415 (800) 722-9866

Thank you for taking a moment to provide your comments. Your feedback is important to us!